

# STATE OF ALASKA EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (Name and address)

THIS NUMBER MUST APPEAR ON ALL  
PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER

3. POINT OF HIRE

4. EFFECTIVE DATES

a. BEGINNING b. ENDING

5. CONTRACTOR  
a. NAME AND ADDRESS

6. PREPARED BY:

8. THE RATE IS BASED ON ALL  
OPERATING SUPPLIES BEING FURNISHED BY:

	CONTRACTOR	STATE
Fuel	{ }	{ }
Lubricants	{ }	{ }
Servicing	{ }	{ }

7. CONTRACTOR'S TELEPHONE NUMBER

a. DAY b. NIGHT

b. SSN/FEDERAL TAX I.D. NO.

9. TYPE OF CONTRACTOR. ("X" appropriate box)

{ } STATE EMPLOYEE { } SMALL BUSINESS { } MINORITY BUSINESS { } WOMAN OWNED BUSINESS

10. OPERATOR FURNISHED BY:

{ } CONTRACTOR { } STATE

11. ITEM DESCRIPTION (Include make, model, year, serial number and accessories)	12. NUMBER OF OPERATORS	13. HOURLY, DAILY OR WEEKLY		14. SPECIAL		15. MINIMUM DAILY GUARANTEE
		a. RATE	b. UNIT	a. RATE	b. UNIT	
a.						
b.						
c.						
d.						
e.						

16. SPECIAL PROVISIONS

I CERTIFY THAT I HAVE READ THE MOST RECENT VERSION OF THE "RENTAL OF EQUIPMENT CONDITIONS" CONTAINED ON FORM 10-2197a

17. CONTRACTOR'S/AUTHORIZED SIGNATURE	18. DATE:	19. STATE OFFICER'S SIGNATURE	20. DATE:
21. NAME AND TITLE		22. NAME AND TITLE	